



Inspection Report

30 October 2020



Haypark

Type of service: Residential Care Home
Address: 36 Whitehall Parade, Belfast, BT7 3GX
Tel No: 028 9064 1784
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a residential care home which is registered to provide care for up to 30 residents.

2.0 Service details

<p>Organisation/Registered Provider: Haypark Homes Ltd</p> <p>Responsible Individual: Mr J McWhirter</p>	<p>Registered Manager and date registered: Mrs Jennifer McClean 1 April 2005</p>
<p>Person in charge at the time of inspection: Mrs Jennifer McClean</p>	<p>Number of registered places: 30</p> <p>RC-DE – maximum of five residents RC-MP(E) – maximum of one resident</p>
<p>Categories of care: Residential Care (RC): DE – dementia I – old age not falling within any other category MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 24</p>

3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector on 30 October 2020 from 10.50 to 14.50.

This inspection focused on medicines management within the home. The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to residents
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit arrangements for medicines management
- staff training and competency records regarding medicines management

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	3	6*

*The total number of areas for improvement includes one that has been stated for a second time and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Jennifer McClean, Registered Manager and one other senior member of staff on duty, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 What has this home done to meet any areas for improvement identified at the last medicines inspection (8 November 2018) and last care inspection (2 January 2020)?

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8 Stated: First time	The registered person shall ensure that, when applicable, the reason and outcome of administering “when required” medicines should be recorded.	Met
	Action taken as confirmed during the inspection: Separate administration records had been developed and implemented for “when required” medicines. The reason for and the outcome of each administration was recorded.	
Area for improvement 2 Ref: Standard 8 Stated: First time	The registered person shall ensure that, the details of discussions with the general practitioner and any resultant change to prescribed medicines should be recorded.	Met
	Action taken as confirmed during the inspection: Staff provided records showing how changes to prescribed medicines were documented and the process in place to ensure that designated staff are aware.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13.-(7) Stated: First time	The registered person shall ensure that equipment is removed from bedrooms after use, toiletries, personal protective equipment, creams and gloves are removed from bathrooms and a raised toilet seat is cleaned.	Met
	Action taken as confirmed during the inspection: Following discussion with staff and management, and review of one bedroom and four bathrooms, it was evident that these areas for improvement had been satisfactorily addressed. The manager also advised that a deep clean was completed once per month.	
Area for improvement 2 Ref: Regulation 14.-(2)(a)(c) Stated: First time	The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals.	Met
	Action taken as confirmed during the inspection: The laundry room was locked at the time of the inspection. Staff confirmed that this room is locked at all times. A reminder to ensure the door was locked after use was displayed.	
Area for improvement 3 Ref: Regulation 19.-(3)(b) Stated: First time	The registered person shall ensure a record of notifiable incidents and accidents in the home is made available to RQIA on the day of inspection.	Met
	Action taken as confirmed during the inspection: Staff provided a folder which contained the accidents/incidents which had been notified to RQIA. This was readily available.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that relevant care plans and risk assessments are in place for all residents. This is particularly in relation to use of short term medications such as antibiotics and steroids.	Not met
	Action taken as confirmed during the inspection: Following review of a sample of care plans, there was no evidence that this area for improvement had been met. This has been stated for a second time.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall ensure working practices are systemically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

6.0 What people told us about this home?

We observed residents relaxing in lounges or in their preferred areas, listening to music. We met with two residents. They spoke positively about their care in the home, the food provided and had no concerns regarding their medicines.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well and were familiar with their likes and dislikes.

We met with two staff and the manager. Staff expressed satisfaction with how the home was managed and advised us they felt well supported in their role. They also said that they had the appropriate training to look after residents and meet their needs. It was acknowledged that some staff had worked in the home for several years and were familiar with their roles and responsibilities in the organisation and the home.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. Ten questionnaires were returned from residents during the inspection. All were marked as satisfied or very satisfied with their care in the home. At the time of issuing this report, no staff questionnaires had been received by RQIA.

7.0 Inspection Findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, medical consultant or pharmacist.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist. Staff advised that a new medicines system had been introduced since the last medicines management inspection and that this was working well.

Personal medication records were in place for residents. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The majority of personal medication records reviewed at the inspection were up to date and well maintained. However, each record included pre-printed staff initials. Staff initials should be handwritten at the time of writing or updating the personal medication records, to check and verify the accuracy of the record. The need for accurate spelling of each medicine was also discussed. An area for improvement was identified.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, infection, modified diets, etc. Each of these should include the medicines prescribed. We reviewed a sample of these care plans. Details of the medicines prescribed were recorded. However, careplans were not in place when medicines were prescribed to treat infections, for example, antibiotics. This had been raised at the last care inspection and the area for improvement has been stated for a second time.

For those medicines that are prescribed on a 'when required' basis, staff should also maintain a record of why the medicine was needed and if this had the desired effect. We acknowledged the additional records now in place to enable staff to record the reason for and outcome of each administration, for example, when administering pain relieving medicines and/or laxatives. The benefit of adding a stock balance count to monitor the administration of medicines prescribed on a "when required" was discussed. Further details are recorded in Section 7.3.

If a resident has swallowing difficulty, thickening agents may be prescribed. These are added to fluids to enable the resident to swallow and achieve the necessary fluid intake. We reviewed the management of thickening agents and noted that one care plan entry and personal

medication record had not been updated with the most recent fluid consistency level, and that records of administration were not being maintained. Following discussion with staff it was established that the correct consistency level of thickened fluids was being administered. We were advised by telephone on 6 November 2020, that this care plan and personal medication record had been updated and new documentation had been put in place to record administration. It was agreed that this area of medicines management would be included in the audit process.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. A record of all incoming and outgoing medicines must be maintained.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Suitable arrangements were in place for the safe storage of controlled drugs and medicines which required refrigeration.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained. However, the records were incomplete regarding staff signatures and the date of transfer of medicines to the community pharmacy. These are necessary to show when the disposal occurred and when staff are no longer responsible for the medicines; an area for improvement was identified.

7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

Staff advised that the administration of medicines process in this home involves two staff to ensure accuracy. We noted that one staff member may dispense the medicine and then give it to another staff member to take to the resident. This would not be in keeping with practices for the safe management of medicines. The potential risks were discussed. If two staff are involved in the medicine round, then both staff must be present at the time of dispensing and administering the medicine. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. All entries should be signed by two staff. We found that some signatures were missing and established that one member of staff may remove the controlled drugs from the controlled drug cabinet and administer them; and another

staff member would complete the stock balance records at a later time. This was discussed; two staff should be present at the time of dispensing and administering the controlled drug.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. Records of the administration of medicines were well maintained. We acknowledged the system in place to remind staff when an antibiotic was prescribed and also the telephone reminders to alert staff when medicines are required outside the times of the usual medicine round. These are examples of good practice.

Management and staff audited medicine administration on a monthly basis within the home. However, audits are limited to a small number of medicines and do not cover all formulations of medicines, or all areas of medicines management. The date of opening was recorded on medicines so that they could be audited and this is best practice; however, where medicines were infrequently administered and the container had been opened for several months, staff could not audit the medicine and therefore could not determine if the correct quantity of medicines remained. A running stock balance of these medicines would assist with the audit process. A robust audit process should be in place which encompasses all areas of medicines management and was identified as an area for improvement.

We reviewed the management of warfarin. This is a high risk medicine which requires robust systems to ensure that any changes in the doses are safely managed and the correct dose is being administered. There were largely satisfactory systems in place to manage this medicine; staff were advised that they should record the stock balance remaining after each administration and this was commenced from the date of the inspection. We advised that warfarin management should be incorporated into the audit process.

7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We discussed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with an up to date list of the resident's medicines and all medicines were available at the time of admission.

7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There have no medicine related incidents reported to RQIA since 2011. Staff were aware of the types of incidents which must be reported and investigated. However, the findings of this inspection indicate that the auditing system is limited and therefore medicine related incidents may not be identified. To ensure that systems are working well and are safely managed, robust auditing systems must be in place which cover all aspects of medicines management. See also Section 7.3. It was also advised that monthly monitoring reports which are completed independently, should include medicines management.

7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. In addition, it is necessary to have up to date policies and procedures which staff have easy access to, for reference as needed.

There was evidence of staff training and competency in medicines management. However, where medicine related tasks were delegated to care staff for example, to administer topical medicines and thickening agents, records of training and competency were not in place. Staff confirmed they had received training. An area for improvement was identified.

In relation to the medicines management policies and procedures, there was evidence that some of these had been recently updated; however, we observed that others required updating to reflect current practice. An area for improvement was identified.

7.7 Infection Prevention and Control

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

However, we identified that staff were wearing jewellery, long necklaces and lanyards, nail polish and not all staff were wearing disposable masks. This was brought to the manager's attention, in relation to infection, prevention and control and best practice of 'bare below the elbow'. The manager confirmed by telephone that this was addressed with immediate effect. A monitoring system should be developed to ensure this is embedded into practice and was identified as an area for improvement.

8.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

Whilst the outcome of this inspection concluded that residents were being administered their medicines as prescribed, we identified several areas for improvement mainly in relation to governance and record keeping. This must be addressed to ensure that there are robust systems in place for the management of medicines. There was evidence that the areas for

improvement identified at the last medicines management inspection and three of the five areas identified at the last care inspection had been addressed.

Following the inspection the findings were discussed with the Senior Pharmacist Inspector and it was decided that a period of time would be given to implement the necessary improvements. An inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement action.

We would like to thank the residents and staff for their assistance throughout the inspection.

9.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jennifer McClean, Registered Manager and one senior member of staff, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

9.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

9.2 Actions to be taken by the home

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 30 November 2020	<p>The registered person shall develop and implement a robust audit process which covers all aspects of medicines management.</p> <p>Ref: 7.3 and 7.5</p> <p>Response by registered person detailing the actions taken: The registered manager has developed and implemented a robust audit process which covers all aspects of medicines management including creams, eye drops, antibiotics, steroids and any other PRN medicines</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall monitor the process for the safe administration of medicines, including controlled drugs to ensure that the staff member who dispenses the medicine, also administers it; and ensure that the medicine records are be completed at that time.</p> <p>Ref: 7.3</p> <p>Response by registered person detailing the actions taken: The registered manager is monitoring the process for the safe administration of all medicines including controlled drugs to ensure that the staff member who dispenses the medicine also administers it and will ensure that the medicine records are being completed at that time</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall monitor that staff are adhering to infection prevention and control measures and using appropriate PPE; and that this is embedded into practice.</p> <p>Ref: 7.7</p> <p>Response by registered person detailing the actions taken: The registered manager has monitored all staff adhering to infection prevention and control measures and correct use of appropriate PPE. Records are in place for inspection.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 6.2	<p>The registered person shall ensure that relevant care plans and risk assessments are in place for all residents. This is particularly in relation to use of short term medications such as antibiotics and steroids.</p>

<p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>Ref: 6.0 and 7.3</p> <p>Response by registered person detailing the actions taken: The registered manager has ensured that relevant care plans and risk assessments are in place for all residents including in relation to short term medication and steroids.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection, which was 2 January 2020</p>	<p>The registered person shall ensure working practices are systemically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 6.0</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review the current systems regarding personal medication records as detailed in the report.</p> <p>Ref: 7.1</p> <p>Response by registered person detailing the actions taken: The registered manager has reviewed the current systems re personal medication records. Any changes in medication shall be handwritten on the file and signed by the Doctor making the changes or written by the Senior Carer on the advice from the Doctor and signed by two members of staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the disposal of medicines records are fully and accurately maintained.</p> <p>Ref: 7.2</p> <p>Response by registered person detailing the actions taken: The registered manager shall ensure the disposal of medicines records are fully and accurately maintained and medicines safely returned to the Pharmacist. The returns book will be signed and dated by the member of staff returning the medication on the day the medication has been picked up by the Pharmacist. The Pharmacist will also sign and date the book and take a copy of the returns.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that when care staff have been delegated medicine related tasks, records of training and competency are maintained.</p> <p>Ref: 7.6</p>

To be completed by: 30 November 2020	Response by registered person detailing the actions taken: The registered manager shall ensure that all care staff have relevant training and that competency and training records are kept on their files for inspection.
Area for improvement 6 Ref: Standard 30 Stated: First time	The registered person shall ensure that medicine management policies and procedures are reviewed and up to date. Ref: 7.6
To be completed by: 30 January 2021	Response by registered person detailing the actions taken: The registered manager has reviewed and updated the medicine management policies and procedures.

Please ensure this document is completed in full and returned via the Web Portal



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